BLANK ENTRY PLEASE TYPE OR PRINT Entered previous May Show ☐ Ms. Michael Ul Permanent Address **Temporary** Address Street City Tel. (Area Code Zip Permanent address is in what county? Born in Cuyahoga County Yes No Collaborator _ (If Anv) If May Show entries are not accepted or not sold: Artist will pick up at Museum. Museum should dispose of. Museum should ship to artist C.O.D. at this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until January 2, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Michael Wichne

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1976 MAY SHOW

The Cleveland Museum of Art Cleveland, Ohio 44106

Please keep address within this box for

Name	Michael Ulichne
Address	679 Fouse Ave
City & State	Akron, Ohio

DO NOT DETACH

0	1.	Paintings	X 2.	Graphics	□3.	Photography
2		Sculpture				

Medium or Materials

Nile Trout

Title

DO NOT WRITE IN THIS SECTION ACCEPTED REJECTED